

PSJ3

Exhibit 395

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**From:** Ducca, Anita <aducca@hda.org>  
**Sent:** Wednesday, June 12, 2013 2:47 PM  
**To:** Qureshi, Farah  
**Cc:** Parker, John  
**Subject:** RE: For Review: Rx Drug Abuse/Diversion One Pager  
**Attachments:** HDMA Draft One Pagers\_Diversion Controls ad edits 06-12-13.docx

Farah, pls see my edits. Overall, a good effort. I didn't feel it needed a lot of changes, I was only attempting to get a few things technically accurate. Reason: if DEA sees anything misquoted or misstated, they are likely to discredit us and blow it out of proportion just to show we don't know what we're talking about, even on a technicality and if overall, we're directionally correct.

The ONDCP data is a little tricky to describe. Their numbers were actually split according to whether they were discussing "new abusers", "occasional abusers" or "chronic abusers". And the 71 % number we've been referring to was for the new abusers. I tried to fix the wording accordingly. (It looks like you were going to include their chart and I liked that idea a lot.) I'm not familiar with the CDC data, but if you can tell me where to get it, I'll take a look just to check on how it's described in this paper.

Also, although there are some examples of what our members do (the best I know of would be George Euson's presentation at DMC) I'm hesitant to include anything like that. First, it's difficult to explain, second it might raise questions about whether we're violating patient confidentiality requirements (they're not, but to try to get to explain what's being done or get that in this type of communication would be cumbersome) and third, not all our members are doing what HD Smith does. If DEA sees this, which they are likely to at some point, they may question why aren't all our members doing it, sort of like how they took our ICG and included it in their legal filing against Walgreen's distribution center claiming that there was an industry standard the Walgreens should have known about and been following. The fact that Walgreens wasn't an HDMA member and was distributing to their own pharmacies, and that the ICG wasn't intended for their purposes didn't seem to matter to DEA. We might also have to ask HD Smith for permission, even though we wouldn't mention their name.

If you want to talk about any of the above, I'm happy to do so. I actually didn't feel the write up needed a lot of work. It was a very good start and explaining ARCOS isn't easy since even DEA doesn't do a very good job of it.

Anita

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**From:** Qureshi, Farah  
**Sent:** Tuesday, June 11, 2013 12:58 PM  
**To:** Ducca, Anita  
**Cc:** Parker, John  
**Subject:** For Review: Rx Drug Abuse/Diversion One Pager

Hi Anita,

We are working with APCO to create one-pagers on specific topics as part of our education toolkit. Attached is the document on Rx Drug Abuse and Diversion. This is meant to educate various stakeholders (legislative, regulatory, etc.) on our efforts to combat the abuse epidemic.

We want to make sure that this is an effective tool for you, so could you please review this by **10 a.m. on Friday morning** (6/14), and let me know:

1. Is the text okay from an accuracy standpoint? Are there any specific changes in the wording that we need to make to convey our point?
2. Are there any specific examples from our member companies (no need to name by company, we can keep them anonymous) that we can use as examples of their efforts to prevent diversion?

I have included the tracked changes to APCO's original so you can see the edits we've already made. If you need more time, please let me know.

Thanks for your help. Let me or John know if you have any questions.

Farah

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